

General Medication Policy

Policy/Prior Authorization Criteria

Any FDA approved drug, unless otherwise excluded, may be considered medically necessary for its FDA approved indication when all criteria below are met:

1. The member's diagnosis is consistent with FDA approved labeling that is supported by at least one nationally recognized compendia; **AND**
2. The member must try and fail all conventional, standard therapies as well as preferred therapies unless contraindicated or not tolerated; **AND**
3. Member is not experiencing any adverse effects to therapy; **AND**
4. The member will receive the FDA approved dose.

Quantity Limit, Authorization Period, and Renewal Criteria for Approvals

Authorization period: The requested drug may be authorized in quantities as recommended per package labeling for no greater than 12 months.

Renewal: Authorizations shall be reviewed at least every 12-months to confirm that current medical necessity criteria are met, and that the member has had an objective clinical response or is meeting the goals of therapy of the medication.

Investigational or Non-Medically Necessary

All FDA approved drugs are considered investigational when used for any condition that does not meet the criteria listed above.